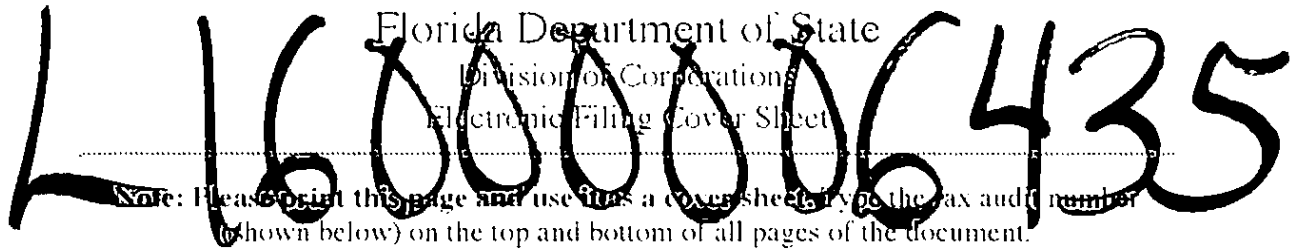
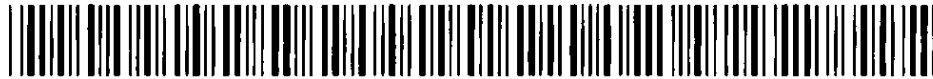


7/18/24 12:34 PM

Division of Corporations



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : PERMITTING SPECIALIST FL
Account Number : 120240000084
Phone : (239)850-9451
Fax Number : (239)268-6101

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GUSTO CUCINA ITALIANA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

JUL 18 2024

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GUSTO CUCINA ITALIANA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following

KRISTI LONG

Name of Person

PERMITTING SPECIALIST

Firm/Company

1306 SE 46TH LANE, STE 1

Address

CAPE CORAL, FL 33904

City/State and Zip Code

RAQUELALONSO46@YAHOO.COM

E-mail address (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call.

KRISTI LONG

239

850-9451

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUSTO CUCINA ITALIANA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/8/2016 and assigned
Florida document number 116000006435.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

EL EA RAQUEL CANGIALOSI

New Registered Office Address:

229 DEL PRADO BLVD N, STE 15

Enter Florida street address

CAPE CORAL

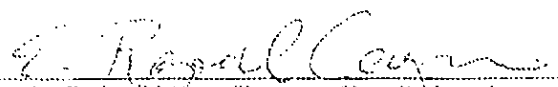
Florida 33909

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	VINCENZO CANGIALOSI	229 DEL PRADO BLVD N, STE 15	☐ Add
		CAPE CORAL, FL 33909	☒ Remove
			☐ Change
AMBR	ERAQUEL CANGIALOSI	229 DEL PRADO BLVD N, STE 15	☐ Add
		CAPE CORAL, FL 33909	☒ Remove
			☐ Change
AMBR	EL FA RAQUEL CANGIALOSI	229 DEL PRADO BLVD N, STE 15	☒ Add
		CAPE CORAL, FL 33909	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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SECRETARY OF STATE
TAMM AHASSIE
FLORIDA

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D. If amending any other information, enter change(s) here: (attach additional sheets, if necessary.)

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SECRETARY OF STATE
WASHINGTON, D. C.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the record is filed.

Dated July 18, 2024

Signature of a member or authorized representative of a member

ELEA RAQUEL CANGIALOSI

Typed or printed name of agent: _____

Filing Fee: \$25.00